## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03/26/2014	Address:	1015 Riverside Drive
Incident #:	14ISPC002504		
<b>County</b> :	CASS		Logansport, IN 46947
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
<ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found	l: Location (bedroom, kitchen, open air,	etc)	
(check all that ⊠ One Pot o	t apply) or Birch Reaction(s): middle bedroom	<u>L</u>	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s): <u>closet of middle bedroom</u>			
☐ Flammable Solvents: middle bedroom			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid: closet of middle bedroom			
Corrosive Base: middle bedroom			
Other (item and location):			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
Child under	age 18 discovered (check appropriate)		
Yes	(number present)		itions of home:  clean disarray
No     □ Children	not present but evidence they reside		ngth of time manufacturing had been
or visit often	± **	occurring: 2	weeks
		Additional II	nformation: House vacant (squatters)
This report l	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:
Fire Department City, Township or County Logansport FD Health Department County: Cass County Health Department bob.vernon@co.cass.in.us Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: firechief@cityoflogansport.org Fax: fi			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Ben Reason</u> Phone (765) 473-6666			

<sup>\*</sup>This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.